PATEMAN ACCUSE OF

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

> "Commissioner for Patents" Alexandria, VA 22313-14350

on July 15, 2003

Ellen Plotkin

Attorney for Applicant(s)

Rég. No. 36,636

PATENT

CASE #J6673(C) UNUS #Y2-R566-EDG JUL 2 1 2003
TECH CENTER 1600/2000

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Serial No.:

Pillai et al. 10/003,850

Filed:

November 2, 2001

For:

SKIN CARE PRODUCT CONTAINING RETINOIDS, RETINOID

BOOSTER AND PHYTOESTROGENS IN A DUAL COMPARTMENT

PACKAGE

Group:

1617

Examiner:

R.S. Travers

Edgewater, New Jersey 07020

July 15, 2003

RESPONSE TO RESTRICTION ELECTION UNDER 35 U.S.C. §121

Commissioner for Patents Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed June 20, 2003, please amend the patent application referenced above as follows.

UNITED STAT EPT. OF COMMERCE Patent and Traue nark Office

ASSISTANT COMMISSIONER FOR PATENTS

Washingt n, D.C. 20231

Customer Number:

Attorney Docket Number:

Applicant: Serial No .:

UNUS No.:

Filed: For:

000201

J6673(C) Pillai et al. 10/003,850

November 2, 2001

SKIN CARE PRODUCT CONTAINING RETINOIDS, RETINOID BOOSTER AND PHYTOESTROGENS IN A DUAL COMPARTMENT PACKAGE

Y2-R567-EDG

Group: 1617 Examiner: R.S. Travers Edgewater, New Jersey 07020 July 15, 2003

Commissioner for Patents Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a RESPONSE TO RESTRICTION REQUIREMENT in the above-identified application.

The fee has been calculated as shown below.

	T	c	LAIMS AS AMENDE	D		
	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus	 	 	 	
Independent Claims		Minus	 		\$ 18.00	
Multiple Claims	 	Willus	 		\$ 80.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$ 270.00	
If the entry in Colum	n (2) is less than th	e entry in	Column (4) write II	OH: C	\$	

^{*}If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5). **If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

Charge \$_ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit [X] 37 C.F.R. § 1.16; [X] 37 C.F.R. § 1.17;

[X] 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

EP/dca (201) 840-2253 Ellen Plotkin Attorney of Record Reg. #36,636